

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000033993

FILED  
Apr 20, 2009  
Secretary of State

Entity Name: SOUTH FLORIDA PERSONAL INJURY CENTER, P.A.

## Current Principal Place of Business:

6363 TAFT STREET  
SUITE 207  
HOLLYWOOD, FL 33024 US

## New Principal Place of Business:

6960 TAFT STREET  
HOLLYWOOD, FL 33024 US

## Current Mailing Address:

6363 TAFT STREET  
SUITE 207  
HOLLYWOOD, FL 33024 US

## New Mailing Address:

6960 TAFT STREET  
HOLLYWOOD, FL 33024 US

FEI Number: 65-0418840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

DROGO, VIRGINIA M  
6363 TAFT STREET  
STE 207  
HOLLYWOOD, FL 33024 US

## Name and Address of New Registered Agent:

DROGO, VIRGINIA M  
6960 TAFT STREET  
HOLLYWOOD, FL 33024 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

04/20/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: DROGO, VIRGINIA M  
Address: 6363 TAFT ST  
City-St-Zip: HOLLYWOOD, FL 33024

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: DROGO, VIRGINIA M  
Address: 6960 TAFT ST  
City-St-Zip: HOLLYWOOD, FL 33024

Title: MS ( ) Change (X) Addition  
Name: DROGO, VIRGINIA M ESQUIRE  
Address: 6960 TAFT STREET  
City-St-Zip: HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: VIRGINIA DROGO

ESQ.

04/20/2009

Electronic Signature of Signing Officer or Director

Date